Business owners in the City of Thomasville are required to pay occupation tax based on the number of employees for industrial or manufacturing type businesses. This tax is pro-rated based on the number of months open the first year and adjusted each year thereafter as the actual number of employees increase or decrease. Occupation tax is due and payable on or before April 15th of each year after the initial opening. Renewal notices are mailed in January.

The Planning Department must check the zoning of the property to be sure the type of business can be operated at the location you have chosen. A certificate of occupancy inspection, if required, will be scheduled by the Building Inspection Department. You may contact both departments at 227-6982 or come by the office located at 415 W. Jackson St.

Before issuing the initial occupation tax certificate, the city must require the private employer to:
Submit an affidavit that they are registered and using E-Verify or are exempt from the requirement. E-Verify is a partnership between the Department of Homeland Security (DHS) and the Social Security Administration (SSA). All private employers seeking an occupation tax certificate, to operate a business must comply. It applies to all employers with more than 10 employees. Employee is defined as working at least 35 hours per week.

The AG’s Office Website: [http://law.ga.gov/immigration-reports](http://law.ga.gov/immigration-reports)

Please contact Thomasville Fire Rescue for information concerning fire alarms, sprinkler systems and fire safety at 227-3282.

Emergency contact name & number is requested by the City Police Department for their records in case of an emergency situation involving your business.

Please complete the enclosed Occupation Tax Return and affidavit and return to City of Thomasville, Tax Department, P.O. Box 1397, Thomasville, GA 31799. Your tax will be calculated with a statement following by return mail and payment will be due within 30 days.

If you have any questions concerning the occupation tax, please call the City Tax Department at 227-3250 or 227-7001 or you may come to the office located in the Thomasville Administration Building at 111 Victoria Place.
Name of Business: _______________________________________________________________________________

Location of Business: _____________________________________________________________________________

Mailing Address (if different from location): __________________________________________________________

Contact Person: _________________________________ Telephone Number: _______________________________

Check one:  Corporation (  ) Partnership (  ) Sole Proprietor (  ) Other (  ) ________________________________ __

Name of Corporation or Owners: ____________________________________________________________________

** You must provide/attach a copy of your current state license from the Secretary of State
Applicable to business type**

Owner Social Security Number
or Federal ID Number: ______________________________

E-Verify Number: __________________________________________

Dominant (Main) Line of Business: __________________________________________________________________

Opening Date of Business: ______________________________

I hereby certify that the estimated average number of employees for tax year 2018, calculated in accordance with a copy of the
City of Thomasville occupation tax ordinance extract shown below is: __________

Signature: _________________________________ Title: _____________________ Date: _________________

Notary Public: ________________________________

Emergency Contact Name & Number: ________________________________

For Industrial Class, the occupation tax shall be levied according to the number of employees as shown on the following table:

1. Flat fee $150.00
2. First 100 employees, per employee 4.50
3. Second 100 employees, per employee 3.00
4. Each additional employee over 200 1.50
5. Minimum occupation tax $375.00

The average annual number of employees shall be determined by counting the number of employees reported to the
Employment Security Agency, State of Georgia, in the Employers Quarterly Wage Summary as being employed in the pay period of
each month which included the twelfth day of such month, totaling such monthly figures and dividing by twelve (12). For the purposes
of this computation, an employee who works forty (40) hours or more weekly shall be considered a full-time employee and the average
weekly hours of employees who work less than forty (40) hours weekly shall be added and such sum shall be divided by forty (40) to
produce full-time position equivalents. Adjustment for differences which occur in the current year shall be made in the calculations
for the next year’s occupation tax. Any new businesses as above shall estimate the average annual number for the first year.
AFFIDAVIT VERIFYING STATUS
FOR CITY OF THOMASVILLE PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Thomasville, Georgia, public benefit as referenced in O.C.G.A. 50-36-1, I am stating the following with respect to my application for the following public benefit:

[X] Occupational Tax Certificate
[___] Business license or permit
[___] Alcoholic Beverage sales license or permit
[___] Taxi license or permit
[___] Other public benefit or permit

*Attach a copy of secured and verifiable document for identification purposes.*

O.C.G.A. 50-36-2

Name of natural person applying on behalf of individual, business, corporation, partnership, LLC, or other private entity __________________________________________________________________________________________

1) __________ I am a United States citizen

OR

2) __________ I am a legal permanent resident 18 years of age or older, OR I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older, AND lawfully present in the United States*

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

________________________________________________________________________________________
Signature of applicant Printed name Date

*Alien registration number for non-citizens

SWORN AND SUBSCRIBED BEFORE ME ON THIS THE_____DAY OF ___________ 2____
NOTARY PUBLIC ____________________________ My commission expires on: _________

*O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8, U.S.C. as amended provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien”, legal permanent residents must also provide their alien registration number. Qualified aliens who do not have an alien registration number may supply another identifying number below:

Other identification number: ____________________________________________________________________________
Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:
(A) ________ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ________ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.
The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _________________, ___, 201__ in ____ (city), ____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____DAY OF ________________, 201__.

NOTARY PUBLIC
My Commission Expires:

1 To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.